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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04513 04519 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR death. eral (Type or print) Month 4. RACE be executed within 24 haurs after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) DAYS MONTHS HOURS 5 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) .⊆ DIVORCED [within 72 WIDOWED [and campletely filled Md 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life. INDUSTRY remave carbon event, 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c SHTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO burial, crematian, or remaval, and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle last Last physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address certificate Yes, Ma, or unknown) (If yes give war or dates of service) MRS attending puy 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF the Canditians, if any, which gave) signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO [Page 4 may be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark OR ATTENDING 22a. I certify that (1) (this hospital) attended the deceased from. ond that in (my) (our) opinion deoth occurred on the dote and hour and from the sow the deceased alive on couses stated above, (1) (ye) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED. TENDING MED. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS ton, Maryland 21601 Dorsett 8mith M.D. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d_ LOCATION (City or Town) (State) (County) VR A15 (4) DATE

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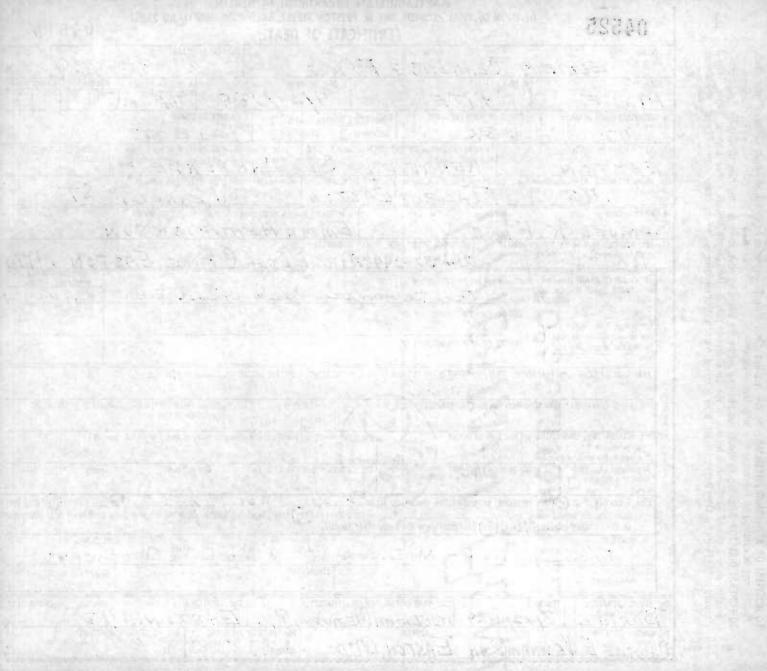
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04522 04516 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR deoth. and (Type or print) Month pers. Pages 1 V2 hours after d AGE (In years 3. SEX. 4. RACE S. DATE OF BIRTH IF UNCER 1 YEAR IF LINOFR 24 HRS. 24 hours after last birthad DAYS HOURS YRS P 7b. OTIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH-7a. BIRTHPLACE (State or foreign VER MARRIED WIDOWED DIVORCED within pleose remove carbon po 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR althin ond completely 10 **) FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physicion ond complete director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove carb sbould be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event, 12a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) SIATE 13c. CLF OR TOWN STREET AND NUMBER 13e_ requires that the death certificate be executed 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yest no, os anknown) (H. ves unrowed or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY:
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	E 8 7		NAME (Type) R. Lane Wroth, M.D. St. Michaels, Md. 21663
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. of Health prior ta burial, creasingly.	00	BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
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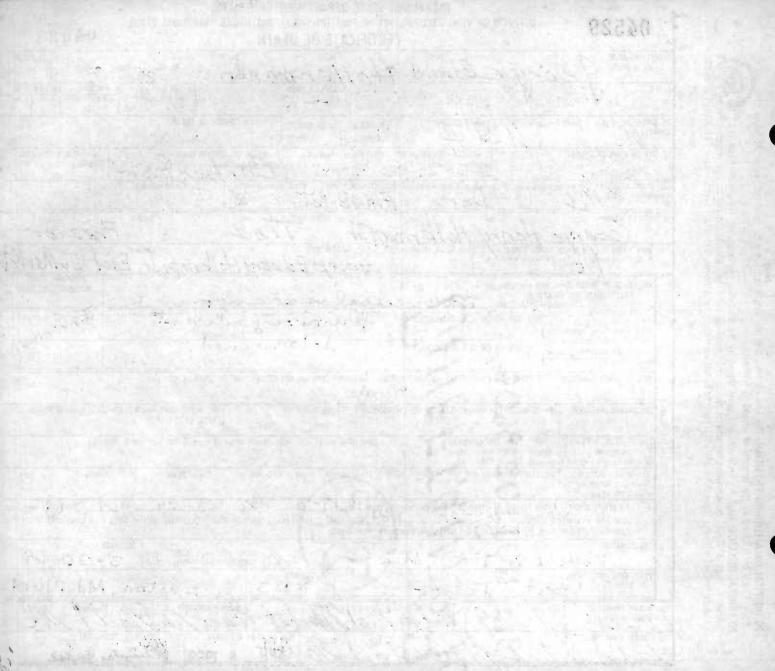
MAKILAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04518 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR Middle Lost 1 DECEASED-NAME First and 2 and 2 death. death Month Yeor (Type ar print) 1969 6 IAM IF UNDER 24 HRS. IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years 4. RACE vithin 72 haurs after 3 SEX last birthdoy) MONTHS HOURS 10-28-86 YRS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or fareign B. MARRIED NEVER MARRIED = DIVORCED [WIDOWED Md. filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during mast of working life, even if retired.) **INDUSTRY** give street address) carban 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR FOWN burial, crematian, ar remaval, and in any event, 13b. COUNTY YES NO remave Middle 15. MOTHER'S MAIDEN NAME First Middle Last 14. FATHER'S NAME pup LAVONIA -LIFTON The law requires that the death certificate be physician (Address 17. INFORMANT 16b SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na. aranknown) 15-17-3866 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH attending p 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any which gove signed by the burial-transit p the rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause be retained by the haspital or attending physician. PART 2. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 20b. OF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES | (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year P.M (If either, notify medical exominer) (AT HOME, FARM, STREET, FACTORY.) Stote 21f. LOCATION County 21e. PLACE OF INJURY Street or R.F.D. Na. City or Tawn 21d. INJURY OCCURRED While Nat while ot work 220. I certify that (I) (this hospital) attended the deceased from. Cond that in (my) (our) opinion death occurred on the date and hour and from the 19/ saw the deceased alive an_ causes stated obove, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING/ STAFF PHYS. DEGREE PHYS DIRECTOR TO HOSPITAL (Page 4 may b 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type 235 NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) 23o. BURIAL CREMATION, REMOVAL (Specify) 28b. DATE APR 3 1 REGISTRAR'S 2Sa. 256. FUNERAL DIRECTOR 1969 30M REV.



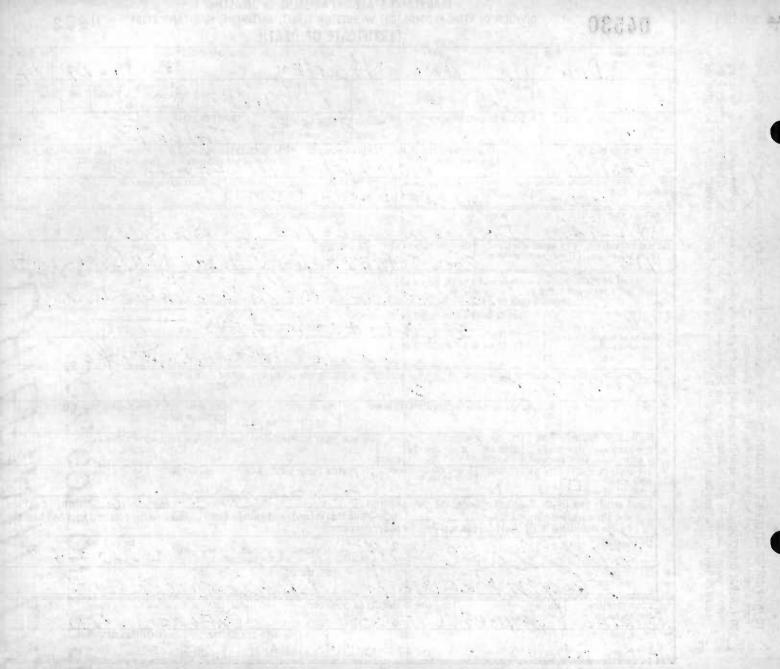
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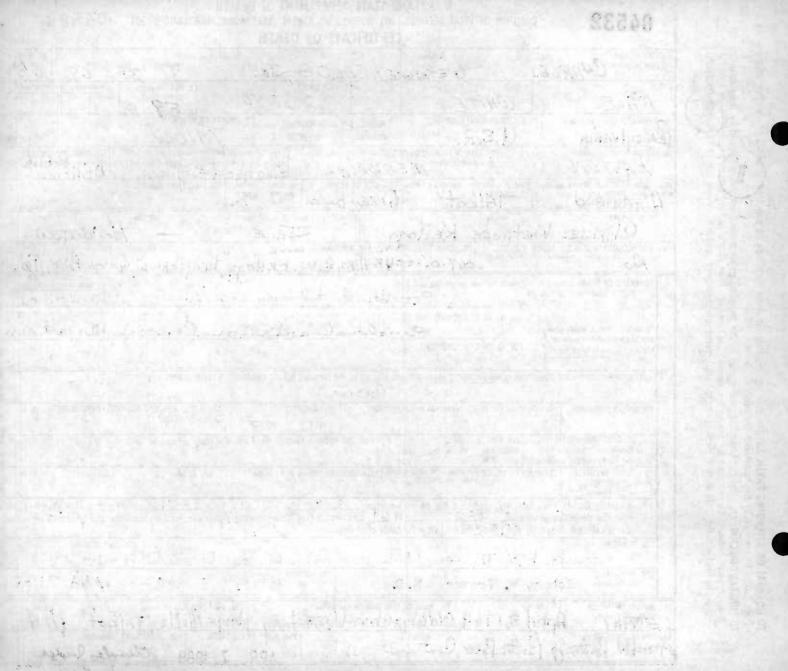


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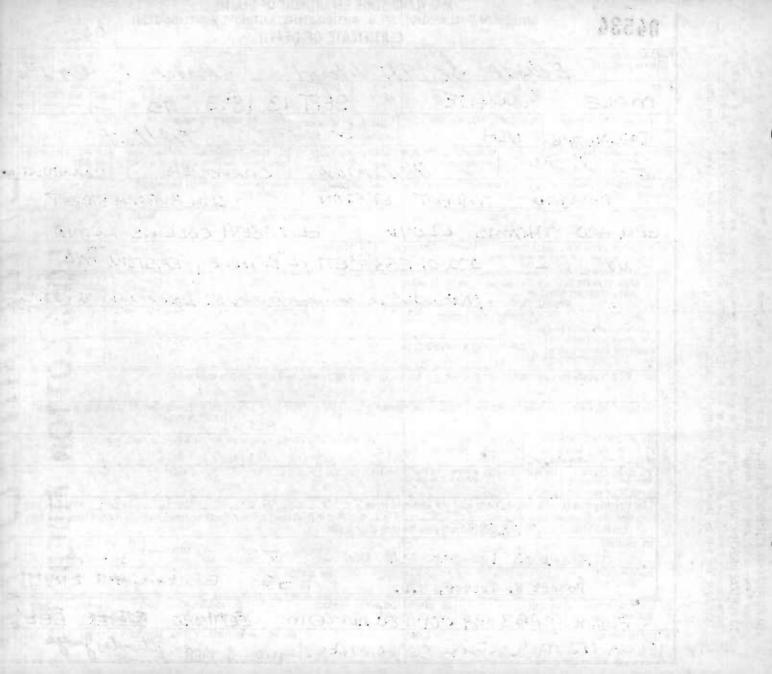
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olcal Examiner: please execute the certification. Page 4 should etained for your files. DIRECTOR: Page 3 should it to burial, cremation,	1	death re	sulted from	Natural cau	ises XX,	Accident	, Suicio	ie 🔲,	Hamicid	le 🔲,	Undeter	rmined m	nanner	articles.		
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10					ND STATE DEPARTM			
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	in ers. 2 h	can	DET IAMINATE	USA	WIDOWED DIVOR	RCED 🗀	TAlh	Md.
	filled pape thin 72	10.	ITY OR TOWN OF DEATH		NSTITUTION (If not in hospital	120. USUAL OCC	UPATION (Kind of work done	12b KIND OF BUSINESS OR
	within 24 hours after death sly filled in by the tyneral son papers. Pages I and within 72 hours after death		EGSTON	give street oddress)	moder l	during most of	working life, even if retired.)	INDUSTRY CANOSTRUCTION
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/	executed within 24 hand campletely filled in remave carban papers.	odm	ssion) STATEM AREXAM	O 13b. COUNTY TALBOT	EASTON	YES NO	204 AUROR	ASTRACT
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	ph hen you		10 CAMER OF DEATH /5 A			117	701	APPROXIMATE INTERVAL
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	aff an,	1	157.9	DUE TO, OR AS A CONSEQUENCE OF				
	the the sit partition aftiguates		Conditions, if any, which gave					
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	equires 1 physicia signed t burial-tr burial, c		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART 1(o)	
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	own dir	10	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20g. AUTO	PSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
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	d de for de He		OR CONTRIBUTING CAUSE OF DEA			contro (cinor naro	o at injury in rate r of rate z,	, 110111 10.)
	Stid Spirit	MEDICAL	(If either, notify medical exami	ner) P.M.	19		61:	6
	S PHYSIC the haspit this certi detached e Dept. at	2	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, F.	ACIDRY,) 21t. LOCATION Stree	et or R.F.D. No.	City or Town	County Stote
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	d by the After of the defended be defended be defended by the	ы	22a. I certify that (I) (th	nis haspital) attended the decease	sed fram 2-16	, 19.69	to	9 <u>69</u> , that (1) (we) last
	ND d l d l	100	saw the deceased o	alive an 2-28	19 64, and that in m	(our) opinian	death occurred an the d	ate and haur and from the
	S Bine			e, (I) (we) (did) (did nat) view the	bady after death.			
	R A retorner		22b. SIGNATURE		ATTENDI	NG MED.	STAFF C	. DATE SIGNED
1200	OR be		Roberd	EW. Trever, N			OR PHYS.	3-1-69
	AL ON ON FILL E	Н	22d. PHYSICIAN'S		22e. ADD	DRESS	Faster	Md. 21601
	ER m	1	NAME (Type) Rober	ct W. Trever, M.I). R	D3	Laster,	Ma. 21001
	O HOSPITAL OR ATTENDE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	23a			CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (Stote)
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		24.	FUNERAL DIRECTOR	ADDRES	5	2Sa. REC'D BY REG	ISTRAR 2Sb. REGISTRAR	'S SIGNATURE
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5	04535 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1.500
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e e ii e	odmission) STATE Md 13b. COUNTY TAIbot EASTON YES NO DAFD # 1 BCS	1 177
executed a camplet campus car any event,	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
and co	Reston Nealer Mary Bribbs	
and and and	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
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at the death cer the attending p nsit permit. The mation, or remo	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ed ed he	causes stated abave, (1) (we) (did) (did nat) view the bady after death.	a naur and tram the
OR ATTEND be retained DIRECTOR: A je 3 should ed with the	226. DATE SIGNATURE 226. DATE SIG	CNED
wijs s	ATTANDING - MAED - CTAFF	
OR be r be	Then Carry DEGREE PHYS. DIRECTOR PHYS. L. 3-1	11-69
AL AL Page e fi	22d. PHYSICIAN'S NAME (Type) Stephen P. Carney M. D. 22e. ADDRESS Easton, Maryland 3/11/69	
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar To FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the State Dept. of Healt	NAME (Type) Stephen P. Carner M. D. Easton, Maryland 3/11/69	
US Per 10 S D US P P P P P P P P P P P P P P P P P P	230. BURIAL, CREMATION, 23b. DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cour	nty) (Stote)
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7 7	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	
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INCLUMENTANCE IN

The second second	1	MARILAND STATE DEPARTMENT OF HEALTH
		04536 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
-4		CERTIFICATE OF DEATH 04530
4 2 4		ECEASED-NAME / First / Middle / Lost / 20. DATE OF DEATH / 2b. HOUR
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r d	3. SI	1116
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an lau		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
OR ATTENDING PHYSICIAN: The law requires that the death-certificate be executed within 24 haurs after death. be retained by the hospital or oftending physician. SIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral as should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 ed with the State Dept. of Health prior to buriol, cremation, ar removal, and in any event. Within 72 hours after death.		MID USA WIDOWED DIVORCED 14 D8 Md
n line	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital dering most of working life, even if retired INDUSTRY INDUSTRY)
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col col	14	The Thirty of Milk Park
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one b	1	JOHN W. NEWCOMB GENEVA -RAZIER
) ale		WAS DECEASED EVER IN U.S. ARMED FORCES? [69, ng. or unknown] (If yes give war options of service) 17. INFORMANT Address TRANSPORTED TRANSPORTED TRANSPORTED TRANSPORTED TRANSPORTED TRANSPORT
he deoth certificote be e ottending physkian o permit. Then pleose fion, ar removal, and in		VES VVIVI 139-01-689 MRS. TEDERA TEWOOM B. INAPPENT
6 2 6	1/	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
r re	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concerns O received 5 mg/s.
de de erm		4109 DUE TO, OR AS A CONSEQUENCE OF
of the chartie		Conditions if any which area
not I. y th insi		rise to immediate couse (a),
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w Jing een the rto	S	Sheymalle of cuttle I chreus
s b as brio	3	19g. Date of Operation 19b. Condition for which operation was performed 20g. Autopsy? 20b. If yes, were findings considered in certifying causes of death?
表 5 s a a a a a a a a a a a a a a a a a a	CERTIFICATION	YES NO .
or of leol		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)
State of the state	MEDICAL	OR CONTRIBUTING CAUSE OF OF ATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 19
PS cer	W.	21d INIURY OCCURRED 21e PLACE OF INIURY / AT HOME, FARM, STREET, FACTORY, 1.21f LOCATION Street or R.E.D. No
this be		While Not while of wark of wark
NG y the e d		22a. I certify that (I) (this haspital) attended the deceased from 2 , 1966, ta 3 , 1967, that (I) (We) last
Afi Paris	1	saw the deceased glive and source and source and source and from the
OR: aule		causes stated above, (1) (1) (did) (did) view the bady after death.
A S D S S		226. SIGNATURE 222. DATE SIGNED
OR OR		DEGREE PHYS. DIRECTOR D STAFF DIRECTOR D PHYS. D 31/69
A A B A A		22d. PHYSICIAN'S 22e. ADDRESS
SPITAL OR ATTENDING PHYSICIAN: The law requires that moy be retoined by the hospital or ottending physician. **RRAL DIRECTOR:* After this certificate hos been signed by the poge 3 shauld be detached for use as the buriol-troil in the state Dept. of Health prior to buriol, creating the state Dept. of Health prior to buriol, creating the state Dept.		NAME (Type)
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o Page	1	DEPRIAL CREMATION, 236. DATE 23C, NAME OF CEMETERY OR CREMATORY 23G LOCATION (City or Town) (County) (Stote) SEMOVAL (Specify) 3/4/1969 OREEN LAWN AMBRIDCE, MD.
00	24.	FUNERAL DIRECTOR ADDRESS A 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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2 1	1	04538 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	Item#13e, FilmGhll LMEDICALGEXAMINER'S CERTIFICATE OF DEATH	04532
HEALTH DEPT.		DECEASED-NAME First Middle Cost Cost OF ESTI- DEATH MATER STATE Middle Cost Cost Cost Cost Cost Cost Cost Cost	Day Year 2b. HOUR
3 to 20 to 2		SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	24 1969 A M 2d. HOUR
any deloy is 1, 2, and 3 to m.m. PM3. Poge		Female Negro 6-15-1894 THY YRS.	Year 1969 M
2 4 M	7a.	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Poges 1 ith form		MARYLAND USA WIDOWED DIVORCED _ TALBOT	Md
ofter death 8. Give Pages 1, ologg with form with the State De	10.		2b. KIND OF BUSINESS OR NDUSTRY
Give Give	13a	a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	None
rs offe 18. Gi		admissign STATE LAND 13b. COUNTY TALBOT EASTON YES NO 1 32 S. Aurora S	St.
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hin 24 ncil in niner's poges hours		D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	,
This certificate should be executed within 24 icate, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's I be used as a buriol-transit permit. File pages or removal, and in any event within 72 hours	((Yes, na grunknawn) (If yes give war ar dotes of service) 216-16-7948 James Roberts 325. AURORA St.	
al Example 1		1B. CAUSE OF DEATH (Enter only one cause per line for (on)(b), and (c)) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E onsit permit. F event within		IMMEDIATE CAUSE (a)	years
be e "per nief A nisit even		Canditians, if any, which gave	
should be e ne word "per o the Chief I buriol-tronsit	-	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she whe was to the buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certificate sho re, writing the v forwarded to th e used as a buri	-	- "RETURN NEW YORK FOR SHOP NEW YORK N	
This certificate, writing the forward be used or removal.	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This icate, be fo	ERTIFI	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter	YES NO 🔀
# _ 5	MEDICAL C		п тв.)
3 and	MED	$t \rightarrow t t t t t t t t t t t t t t t t t t$	Caunty State
EXAP ecute 1 Poge 4 or you R:Page ol, cre		AT WORK AT WORK	
exector. Por For TOR:	1	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection 🔀, Inquiry, death resulted from: Natural causes 🔀, Accident, Suicide, Hamicide Undetermined manner [and in my apinian
JTY DICA Ty, pleose e erol director be retoined RAL DIRECT		CHIEF MEDICAL EXAMINER	
TY DIE SE PRO SE		SIGNATURE Zonis () Wedly M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED
	12	EXAMINER'S MAME (Type) EXAMINER'S MAME (Type) ADDRESS(Street, city, town, or county)	-6-67
necesso the fun 5 may 10 FUNE Heolth	23	3a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ((Caunty) (State)
		BURIAL 3-27-69 RICHARDS EASTON TALB	7/1-
VR A15ME (5)	24	4. FUNERAL DIRECTOR B DASHIEII FUNERAL ADDRESSHOME 250. REC'D BY REGISTRAR 250. REGISTRAR'S SI 426 DOUER St., EASTON, Md. BARBARA L. DASHINGTON 1969 Williamley	
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		EPARIMENT OF HEAL		
	VISION OF VITAL RECORDS, 301 W. PRI		E, MARYLAND 21201	01500
04539		ATE OF DEATH		04533
1. DECEASED-NAME (Type or print) AKA Mamie Mark	y Middle Ida K) Last 2a.	Marketh Pay	19 25. HOUR 25 M
	RACE Negroid	July 3,1900		IF UNDER 1 YEAR IF UNDER 24 HRS. IONTHS DAYS HOURS MIN
70. BIRTHPLACE (State or foreign country) Maryland	1	NEVER MARRIED 9. COL	INTY OF DEATH	/
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not give street oddress)	in hospital 120 USUAL OCCI	JPATION (Kind of wark dane working life, even if retired.)	Md. 12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceosed li admission) STATE	12h COUNTY	OWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	None
Maryland 14. FATHER'S NAME First		MOTHER'S MAIDEN NAME First	Rfd#2, Box 98	S Last
/ Isaiah	Freeman	Annie		ilson
16a. WAS DECEASED EVER IN U.S. ARMED I	FORCES? 16b. SOCIAL SECURITY NO. 17. INF	ORMANT	Address	LISON
Yes, no, or unknown) (If yes give wor or o	218 20 4197 Jos	seph Ross, RFI	0#2, Box 98, T	rappe.Md.
	ne cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	AUSE (0) CONGUSTIVE /	FRANT FA	lunu	
2507	DUE TO, OR AS A CONSEQUENCE OF			
Canditions, if any, which gave)	(b) ASCOD & Kal	TIPLE Pul	mount Elin	26/
stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
lost.	(c) DIABBTRS	THE TERMINAL DISSASS OR COMPLETE	ON CIVEN IN DART 1/-)	
	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITI	UN GIVEN IN PART I(0)	
196. DATE OF OPERATION 196. CONI	DITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS COM	VSIDERED IN CERTIFYING
) IIIIO		YES NO NO	CAUSES OF DEATH?	
		V INJURY OCCURRED (Enter nature	af injury in Part 1 ar Part 2, Ite	om 18.)
GOR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	HOUR A.M. Month Day Yeor P.M. 19			
21d. INJURY OCCURRED Vhile Not while at work at wark		ATION Street or R.F.D. No.	City or Town	County State
22a. I certify that (I) (this h	aspital) attended the deceased fram. Z	123/6 1,19	ta 3/10/6 19	, that (I) (we) last
saw the deceased alive	an, and (we) (did) (d id not) view the bady after de	that in (my) four) apinian (death accurred an the date	e and haur and fram the
22b. SIGNATURE	DI COMP	ATTENDING MED.	STAFF 22C-DA	TE SIGNED
22d PHYSICIAN'S	Junel III DEGREE	PHYS. DIRECTO	R LI PHYS. LI	
NAME (Type) Dor sett	Smith M.D.	Easton, Mar	yland 21601	
23o. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)			LOCATION (City or Town) cappe Talbo	(County) (State) t Maryland
BUT13 3/	13/69 Trappe Funeral Movie 426	Doverso. REC'D BY REGI	STRAR 256 REGISTRAR'S SI	GNATURE
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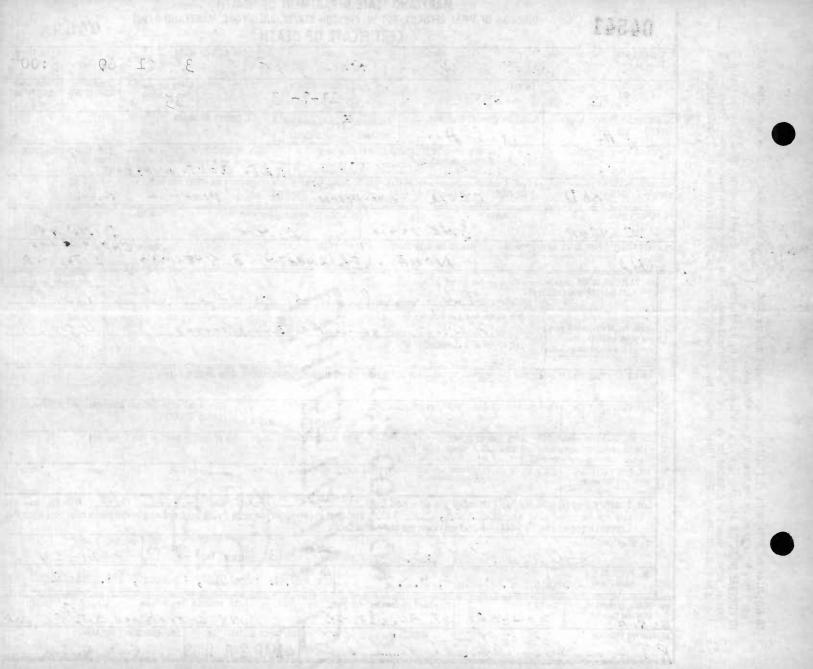
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04535 CERTIFICATE OF DEATH DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOURA ond completely filled in by the funeral remove carbon papers. Pages 1 and 2 be executed within 24 hours after death (Type or print) 111. SHERMAN 3 Month 21 Doy 69 Year HARRY :00 director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove carbon popers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNCER I YEAR IF UNDER 24 HRS. 11-7-83 lost birthday) HOURS WHITE MALE YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) TALBOT DIVORCED [WIDOWED | Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
RET. BOUT. WCRKER give street.oddress) INDUSTRY EASTON 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 18b. COUNTY odmission) STATE MAD CECIL THES PICAKE YES 🔀 BONETHINA PUL. 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle CONRAD SHERMAN DINGAS ELLEN gertificote 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address CHESPIS AKE Yes, no, grunknown) (If yes give war or dates of service) NONE ELIZABETH B. SHERMAN APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY requires that the death IMMEDIATE CAUSE (o) signed by the burial-tronsit Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retoined by the hospitol or oftending physicion. stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been OR ATTENDING PHYSICIAN: The low 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from August 19 64 to Mar. 21 19 69, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an Mar. causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. STAFF DEGREE PHYS. DIRECTOR 22e. ADDRESS P.O. Box 929, Easton, Md. 22d. PHYSICIAN'S Stephen P. Carney, NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) ST. AUGUSTINE MR. CHESAPEAKE CITY 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 Villandas Judge



1 1			,	MARYLAN DIVISION OF VITAL RECORDS,			NT OF HEAL				
		04542	10		ERTIFICA			E, MARTEARD 21201	045	536	
	(1	ype or priot)	First		Tay	Last	2a.	3	12	Year 1969	2b. HOUR
	3. SE	X FEMALE		4. RACE	Is	DATE OF BIRT	-98	6. AGE (In years last birthday)	MONTHS S.		HOURS MIN.
	7a. 8 caur	IRTHPLACE (State ar foreign try) Md.	7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED			NTY OF DEATH			Md.
70	10. C	EAST ON		give street oddress) TM		in haspital NES	during most of v	UPATION (Kind af wark dan working life, even if retired	.) INDU	KIND OF BU JSTRY	SINESS OR
20	13a. admi	USUAL RESIDENCE (Where d	eceased	lived, if institution: Residence befare 13b. COUNTY/albot	13c CITY OR T		d. Inside City Limits?	13e. STREET AND NUMBER 200 N. Auru	ora S	t.	554
1	14. F	Charles W.	(ho	Middle Last	15.		ie L. Ro	Middle			Last
	Y	WAS DECEASED EVER IN U.S. es, na, ar unknawn)		FORCES? 16b. SOCIAL SECURITY 120-32-10		ormant orge M	Taylor	Address Wilmington	r. De		
		PART I. DEATH WAS C.	AUSED E	ane cause per line far (a), (b), and (c). (AUSE (a) Poeudo		71 12 4	0-0-			APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
2		Canditians, if any, which g rise to immediate cause stating the underlying ca	ave) (a),	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	ral	arte	ries	Derosis	u	nce	rtain
		last.		(c)		THE TERMINAL I	DISEASE OR CONDITI	ON GIVEN IN PART 1(a)			
2	CERTIFICATION	19a. DATE OF OPERATION	19b. CO	NDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPS	NO NO	20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDER	ED IN CERT	TIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSED (If either, natify medical expressions)	F DEATH	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19		/ INJURY OCCU	RRED (Enter nature	e af injury in Part 1 ar Part	2, Item 18.		
		21d. INJURY OCCURRED While Not while at work	21e. Pl	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	ATION Street	ar R.F.D. Na.	City ar Tawn	Caunt	У	State
		22a. I certify that (1) saw the decease causes stated al	d aliv	haspital) attended the decease e on 3 - 12 l l) (we) (did) (did nat) view the	969 and	that in (my)	, 19 <u>65</u> , l (aur) apinian o	ta <u>3-12</u> , death accurred an the	date and	, that ((I haur an))(we) last d fram the
		22b. SIGNATURE Rober 22d. PHYSICIAN'S	t	W. Trever, M.	D. DEGREE	ATTENDING PHYS.	DIRECTO	R STAFF 22	3 - 13	SNED 3—49	
1	23a.	NAME (Type) BURIAL, CREMATION,	23b. DA	75 45 / 40 (0) 23 % NAME OF	CEMETERY OR CI			"LOCATION (City or Jawn)	(Caun	ity)	(State)
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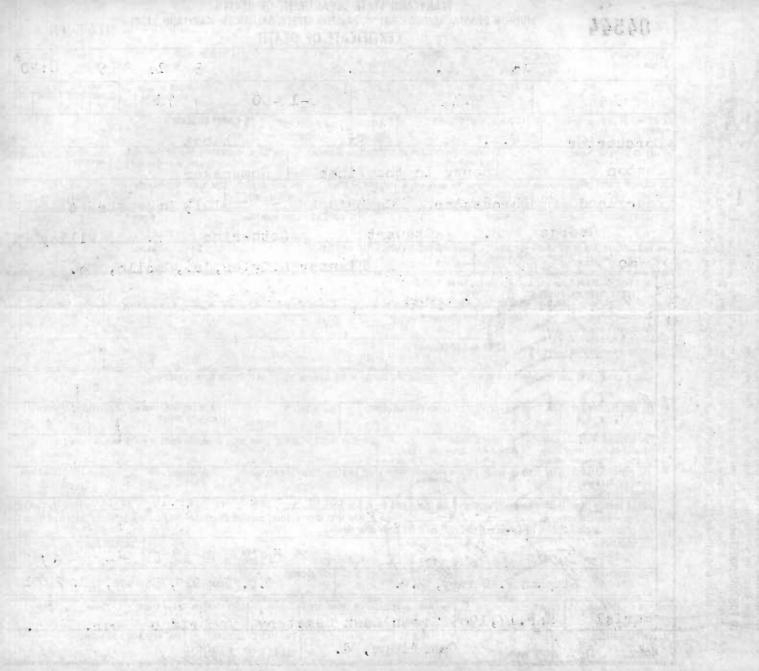
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death. unerol r ond 2 r death.		ECEASED-NAME Type or print)	brd Doll	Tolley 20.	DATE OF DEATH Month Doy	legs 9 2b. HOUR
within 24 hours often bly filled in by the fur oon papers. Poges 1 within 72 hours after	3. S	Male	4. RACE White	5. DATE OF BIRTH Feb. 20, 1875		FUNDER 1 YEAR IF UNDER 24 AIRS. ONTHS DAYS HOURS MIN
4 hour d in by 72 hour	cau	BIRTHPLACE (State or foreign naryland	7b. CITIZEN OF WHAT COUNTRY? USA	WIDOWED X DIVORCED	UNTY OF DRATH	- Md.
	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	STITUTION (If not in haspital 12a. USUAT OCC during most of Ship C	UPATION (Kind of work dane working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ceuted with completely ove corbor y event, wi	13o. adm	USUAL RESIDENCE (Where deceosission) STATE Maryland	osed lived, if institution: Residence before 13b. COUNTY Talbot	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Easton YES X NO	13e. STREET AND NUMBER 230 S. Aurora	St.
be exe n ond c e remo	14.	FATHER'S NAME First Jeremi	Middle Lost Lah ? Tolley	IS. MOTHER'S MAIDEN NAME First	ary Elizabeth	?
physicion hen please moval, and	160	(es, no, or unknown) (If yes give w	war or dates of service) 213 20 35		Address Service records	
at the deoth the the attending the attending issit permit. The motion, or rem	Z	Conditions, if ony, which gove ise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	12	ostate	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
N: The law or ottendi ot ottendi ote has bee r use os the ealth prior	CERTIFICATION	210. ACCIDENT WAS UNDERLYIN		RFORMED 200. AUTOPSY? YES NO 21c. HOW INJURY OCCURRED (Enter natur	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH? e of injury in Part 1 or Part 2, Ite	
IDING PHYSICIAN: The law rate by the hospital or ottending After this certificate has been a be detached for use as the state Dept. of Health prior to	MEDICAL	While at work of wark 22a. I certify that (1) (the saw the deceased a	niner) P.M. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. his haspital) attended the decease	ed fram, 19, 9, and that in (my) (aur) apinion	City or Town fa, 19 death accurred an the date	Caunty State , that (I) (we) last and hour and from the
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, creasingly.		causes stated above 22b. SIGNATURE COLLEGE 22d. PHYSICIAN'S NAME (Type)	Me, (1) (we) (did (did nat) view the	bady after death. DEGREE PHYS. DIRECTO 22e. ADDRESS C + H	22c. DA	TESIGNED 69
ro Hos Poge 4 o Fundirecto	23a	BURIAL, CREMATION, 23b. REMOVAL (Specify) Ma	0 7060 0	CEMETERY OR CREMATORY 23d.	LOCATION (City or Town) AMBRIDGE	(County) (State)
VR A15 4 30M REV. 48	24.	FUNERAL DIRECTOR ECOMPTEFUN	ADDRESS	RUGE MD, DATE MAR 1	1969 Pelian	GNATUR LANGE

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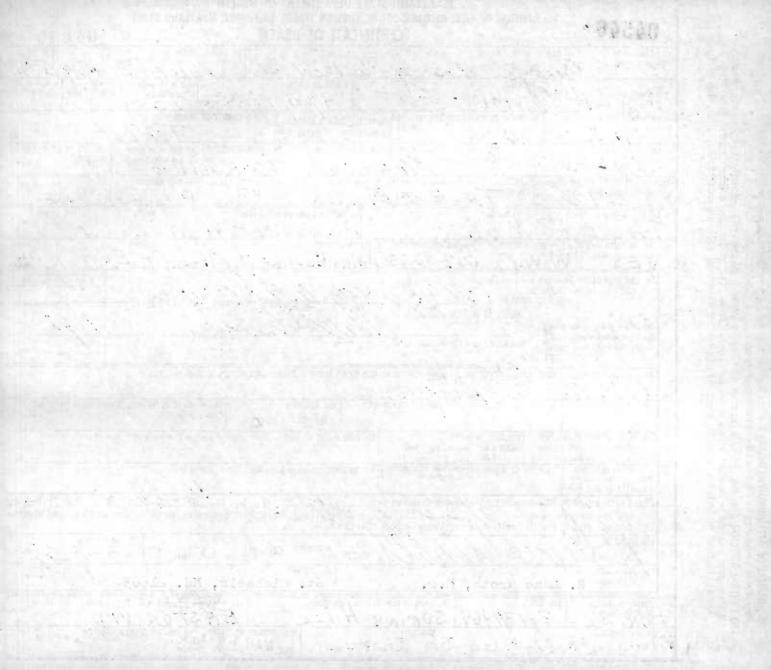


12	MARYLAND STATE DEPARTMENT OF HEALTH					
FOR STATE	04545 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	026				
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Manth Day	Year 2b. HOUR				
ay is Page	William H. Valliant. 3nd. DEATH MATED X DEATH MATED X	17- 0				
del nd nd	3. SEX 4. RACE S. DATE OF BIRTH 8. AGE (In yours lift UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS OAYS HOURS MIN. MAITH 1094	Year 19 69 9A M				
0	70. BIRTHPLACE (Stote or foreign Country) 7b, CITIZEN OF WHAT COUNTRY? COUNTRY OF DEATH WIDOWED DIVORCED 76. COUNTY OF DEATH WIDOWED DIVORCED 77.	Mi				
9 8 8	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during nost of working life, even if retired.) 12a. USUAL OCCUPATION (Kind of work dane during nost of working life, even if retired.) 11b. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during nost of working life, even if retired.)	KIND OF BUSINESS OR STRY				
with and of the state of the st	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE Mc 13b. COUNTY Talbot Bellevue YES NO					
haurr Item Office I and 2	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle William H. Valliant, Jr. Katharine Moone	Last				
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, now pr unknown) Wyse gave way a dates of service) 216-14-9961 Mrs. Um. L. Galt Bellevue, Md.					
xecuted wil In pe Medical Exa Permit. File It within 72	1B. CAUSE OF DEATH (Enter only one cause per (F) (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH				
ecuted ing" in edical E ermit. F within	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (b) PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (b)	BEIWEEN ONSET AND OCATH				
e execute pending" ef Medica sit permit	955 X DUE TO, OR AS A CONSEQUENCE OF					
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	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last. (c)					
s certificate s e, writing the forwarded ta used as a bu emaval, and i	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) **Transport of the death of the terminal disease or condition given in Part I(a)					
nis certific nte, writin forwards se used as	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	20. AUTOPSY? YES NO X				
生 平 9	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR AM. ?3-20-69 EXAMPLE OF DEATH P.M. ?3-20-69 EXAMPLE OF LINEARY OF COURRED 121e. PLACE OF INJURY (At home, farm, street, 21f, LOCATION Street or R.F.D. Na. City or Town Co.	3.)				
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, while at work at wor	t Md				
ICAL E) e executar. Paged far) CTOR: P	22a. 1 certify that I took charge of the remains described obave, held an Autapsy, Inspection 2. Inquiry,	ond in my apinion				
order.	deoth resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined monner					
TY DICA blease error director be retained tal DIRECT	ACTUAL ZOLO DATE CICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHIE					
	SIGNATURE EXAMINER'S EXAMINER'S SIGNATURE EXAMINER'S ASSISTANT MEDICAL EXAMINER 222b. DATE SIGNI 4-70-	69				
o DEPUTY necessary, the funera 5 may be o FUNERA Health pr	NAME (Type) Louis S Welty ADDRESS(Street, city, tawn, or county)					
01 00 01 01 01 01	23a. BURIAL, CREMATION, PRIMOVAL (Soprify) 4/11/1969 Spring Hill Easton, Md.					
100 A15145 (51)	24. FUNERACRIPET OR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA					
VR A15ME (5) 10M REV. 1/68	MURICE E. NEWNAM & SON, Easton, Md. DATAPR I 4. 1969 Yellowles	Judge .				

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	1		MAKTLAND STATE DEPARTMENT OF HEALTH	
/		OITIC	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		04546	CERTIFICATE OF DEATH	04539
4 _ 24	1. D	ECEASED-NAME First		2b. HOUR
deat	(Type or print)	Age HUSSEY Wilson Sk. Morch 10	19/9 5-0 M
in [5]	3. S	X /	9. RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
the second		MALK	WHITE 9/4/1895 get birthday) YRS.	MONTHS DAYS HOURS MIN
haurs s. Paur haur		BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	,
d in Joers. 72 h	COU	D.C.	USA WIDOWED DIVORCED	Md.
e executed within 24 haurs after death and campletely filled in by the funeral remave carbon papers. Pages I and 3 n any event, within 72 haurs after death	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
with with bon with		Easton	Mellerial TARMINO	INDUSTRY
unted amplet we car event,		USUAL RESIDENCE (Where deceosission) STATE	sed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13c. TO A YES NO RECOUNTY 13c. TO A YES NO RECOUNTY 13c. TO A YES NO RECOUNTY 13c. TO A YES NO RECO	
carr		1110	147201 EAZION VI 120	X //6
offer be exection and called and in any	14.	FATHER'S NAME First	Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
ign ase	160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 116b. SOCIAL SECURITY NO. 17. INFORMANT Address	ON
law requires that the death certificate be executed anding physician. been signed by the attending physician and camplet is the burial-transit permit. Then please remave carrier to burial, cremation, ar removal, and in any event		es, no, or unknown) (If yes, give v	MOSONOSE E ORGE H. WILSONSE, E	ASTON MOD.
cert g ph hen nov		8 CAUSE OF DEATH (Enter on	nly one cause per line far (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
# di +		PART 1. DEATH WAS CAUSE	DBY:	BETWEEN UNSET AND DEATH
dec dec rmi rmi		16-2 / IMMEDIA	ATE CAUSE (0) CANADA A CONTROLLED OF	
at the death cer the attending p nsit permit. The matian, ar remo		Canditians, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	1181.
		rise to immediate cause (a),	(b) DUE TO, OR AS A CONSEQUENCE OF	1
equires that the death physician. signed by the attendi burial-transit permit. burial, cremation, ar re		stating the underlying cause last.	40	
hysi gne uria uria		PART 2 OF SER SIGNIFICANT CO	NOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
red n si o b		PIALIAMI	4 Ma Pola walner	
law ndin bee s th ior t	TION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
iCIAN: The law requires that the death certific pital or attending physician. Artificate has been signed by the attending physical for use as the burial-transit permit. Then part Health prior to burial, crematian, ar removal,	CERTIFICATION		YES NO CAUSES OF DEATH?	
or or use or use		21a. ACCIDENT WAS UNDERLYIN		em 18.)
YSICIAN: aspital or certificate hed for use to a feature.	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exomi	TH HOUR A.M. Month Doy Year P.M. 19	
S s e e e	ME	21d. INJURY OCCURRED 21e.	. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
this this detde De		While Not while at work at work	a la Marilia	10
by frer be be Stat	Н	220. I certify that (1) (th	is hespital attended the deceased from 19 11 to 10 10 11 19 19	67, that (1) (We) last
OR ATTENDING be retained by the intercorp. After it e 3 should be ded with the State		saw the deceased of	live on GMM 19 4, and that in (my) (ver) opinion death occurred on the date, (I) (we) (did) (did not) view the body ofter death.	e ond hour ond from the
R ATTENC retained RECTOR: A 3 shauld with the		226. SIGNATURE	220. 0	ATE SIGNED
OR OR See 3 sed w		K V///	DEGREE PHYS. MED. STAFF PHYS. DIRECTOR PHYS.	5-10-69
rAL CAL CAL CAL CAL CAL CAL CAL CAL CAL C		22d. PHYSICIAN'S LANGE (Type) D T.	22e. ADDRESS	
SPI 4 m VER Tor, Id b		N. Die	ane Wroth, M.D. St. Michaels, Md. 21663	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health prior to burial, creating the state Dept. af Health prior to burial, creating the state Dept. af Health prior to burial, creating the state Dept. and Health prior t	230	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE 23C. NAME OF CEMETERY OR EREMATORY 23d. LOCATION (City or Town)	(County) (State)
5-5-0	01	JURIAL	3/13/1969 SPRINC HILL EASTON (1) VADDRESS IZSO. REC'D BY REGISTRAR IZSO. REGISTRARS S	SIGNATURE .
VR A15	137	FUNERAL DIRECTOR	Deureun Jon RASton, nd, DATE MAR 12 1969	West Jendige
The Man	1	1	DAIL	



	1		MARYLAND STATE DEPARTMENT		
12			RECORDS, 301 W. PRESTON STREET,		
		04547	CERTIFICATE OF DEA	TH O	4540
4 _ ~ 4		ECEASED-NAME First	Middle Lost	2o. DATE OF DEATH	2b. HOUR
r death. uneral n and 2 er death.	((ype or print) Hydia	Wilson	Month Day	1900 345 M
	3. 5	X 4. RACE A D	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
within 24 haurs after death Trely filled in the tree funeral Tropo papers. Pages II and 2 t, within 72 hours after death		MALE CHINE	1 3-21	-02 last bighday) YRS.	NONTHS DAYS HOURS MIN.
- B - B	7a.	BIRTHPLACE (Stote or fareign 7b. CITIZEN OF WHAT COU	NEVER MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
amplered within 24 h amplered filled in	COU	"" mt. U.S.F	WIDOWED DIVORCED		Md.
hin 24 filled n pape thin 73	10.	TITY OR TOWN OF DEATH 11. NAME OF H	OSPITAL OR INSTITUTION (If nat in haspital	a. USUAL OCCUPATION (Kind of work done ring mast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
be executed withing and (ampterely fit) and (ampterely fit) in any event, with	L	-HSION	111111111111111111111111111111111111111	LABOTER	FARM
ampterel Sve carbon event, wi	13a.	USUAL RESIDENCE (Where deceosed lived, if institution: Resission) STATE 113b. COUNTY 1	dence before 13c. CITY OR TOWN 13d. INSI	DE CITY LIMITS? 13e. STREET AND NUMBER	A 0 1
O Cesto		Ma, 141	111110	THE NON	202
nnd rem	14.	FATHER'S NAME First Middle	Lost 15. MOTHER'S MAIDEN N	NAME First Middle	l lost
o no see	<u></u>	WILLIAM Dru	MMELL SHO	+1E V	V1250n
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and fample e 3 shauld be detached far use as the burial-transit permit. Then please remove called with the State Dept. of Health priar to burial, cremation, ar removal, and in any event	160	'es, na, or unknown) (If yes give war or dates of service)	CIAL SECURITY NO. 17. INFORMANT CLAYA	Wilson ThAPP	E mi
phy ova	=			VV163011 111111	APPROXIMATE INTERVAL
ing ing rem		1B. CAUSE OF DEATH (Enter only one couse per line for (a PART I. DEATH WAS CAUSED BY:), (b), and (c).)	Annie huse	BETWEEN CINSET AND DEATH
dea rmit ar		IMMEDIATE CAUSE (o)		DOUTEIN 3.	
he at per		Conditions, if ony, which gave)	SEQUENCE OF		
at the nsit		rise to immediate couse (o).	SECULIALE OF		
s th cian d by l-tra , cre		siding the underlying coose	SEQUENCE OF		
uire hysi gne Jrial		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1(a)	
req ig p n si e bt		TAKE 2. STILL STORIFICANT CONSTITUTES CONTINUED IN	DE NOT RELATED TO THE TERMINAL DISEA	Se discondition diversity in their indi-	
dw ndin bee bee s th	TON	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS COI	NSIDERED IN CERTIFYING
The law requires th attending physician. has been signed by se as the burial-trail he priar to burial, cre	CERTIFICATION			NO CAUSES OF DEATH?	
ar or us		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	_	em 18.)
CIAL iffice iffice iffice iffice	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month (If either, notify medical examiner) P.M.	Day Year		
YSI nasp cert chec pt. c	WEL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME	FARM, STREET, FACTORY.) 21f. LOCATION Street or R.I	F.D. No. City or Town	Caunty State
he he this leta		While Not while of work of work	JILDING, ETC.		
ING Dy t Ter Ter Tafe	ш	220. I certify that (I) This hospital) ottended	the deceased from,	, 19, to, 19	, that (I) (we) lost
ed led lid lid lid libe S		sow the deceased alive on courses stated above (1) (we) did who had	19, ond that in (my) (ou	r) opinion deoth occurred on the dot	e ond hour ond from the
TA in it is	1	22b. SIGNATURE	grey lie body offer death.	220 DA	ATE SIGNED
OR ATTENDING PHYSICIAN be retained by the haspital DIRECTOR: After this certifica ple 3 should be detached fail ed with the State Dept. of He	1	(Mystru	DEGREE PHYS.	DIRECTOR D STAFF	Maxer 1912
AL O		22d. PHYSICIAN'S	22e. ADDRESS	1 A M	1
Page 4 may be retained by the haspital ar attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confined to the director, page 3 shauld be detached far use as the burial-transit permit. Then please remainshould be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any		NAME (Type) E. C.T. SCA	indt (ally Illan	and _
HOS ge 4 ectr	23a	BURIAL, CREMATION, 23b. DATE	3c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
O o pip d	1	SREMOVAL (Specify) 3 111 69	PARADICE, CEM.	Trappes TAL	bot ma.
VR A15	24.	FUNERAL DIRECTOR	ADDRESS 2So.	REC'D BY REGISTRAR 25b. REGISTRAR'S S	GNATURE
30M REV. 11 68		Klesen Washell	date one of DATE	INIT 3 1000	0

